FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS
FACHC
THE VOICE OF PRIMARY CARE

February 2, 2018

Chairman Ajit Pai
Commissioner Mignon Clyburn
Commissioner Michael O'Rielly
Commissioner Brendan Carr
Commissioner Jessica Rosenworcel
Federal Communications Commission
445 12th Street, SW Washington, DC 20554

Re: Notice of Proposed Rulemaking on the Rural Health Care Program – WC Docket No. 17-310

Dear Chairman Pai and FCC Commissioners:

The Florida Association of Community Health Centers, Inc. (FACHC) appreciates the opportunity to respond to the FCC's Notice of Proposed Rulemaking on the Rural Health Care Program, WC Docket No. 17-310.

FACHC is designated by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) as the state of Florida's Primary Care Association (PCA), representing the 50 federally qualified health centers (FQHC) that provide primary medical, dental, behavioral, pharmacy, and other services to over 1.4 million Floridians each year at nearly 500 locations. Community Health Centers (CHC) are the backbone of the rural "health care safety net"[1] and Congress explicitly indicated that they are intended to benefit from the Rural Health Care Program.

In recent years, CHCs have become increasingly concerned that the RHCP has expanded beyond its original intent, to include providers who should not be eligible under a "plain reading" of the statute. As a result, CHCs have been subject to across-the-board funding reductions, and significant administrative complexities that have made it difficult for them to participate in the program that was designed for them. For this reason, we are pleased that the FCC is reexamining the program's structure, and offers the following comments:

[1] In 2016, approximately 250,000 rural Floridians were seen at Florida's FQHCs. This number is a conservative estimate and based exclusively on the designation by BPHC of specific FQHCs as "Rural".

Funding cap:

- The FCC should raise the $400 million cap for FY16-17 and FY17-18, to reflect recent expansions of the program, and to avoid penalizing providers whom Congress explicitly intended to support.
- Whenever possible, the operational aspects of the RHCP should be aligned with the E-Rate program, including by using GDP-CPI to update the funding cap annually.
- In future years, the funding cap should be to reflect inflation, eligibility expansions, and changes in costs resulting from advances in technology.
- All unused RHCP funding from previous funding years should be made available in subsequent funding years until fully disbursed.

Prioritization of funding requests:

- The current proration approach is inappropriate as it implies that all providers and expenses are of equal merit, despite that fact that some providers are of questionable eligibility and seek a disproportionate share of total RHCP funding.
- The most appropriate suggested approach to funding prioritization is to fully fund requests from individual providers who are clearly eligible under a plain reading of the statute – namely, "public or non-profit" providers who "serve(s) persons who reside in rural areas".
- If a second-tier prioritization approach is needed, the FCC should use scores for rural Health Professional Shortage Areas (HPSA), as calculated by the Federal Department of Health and Human Services.
- The definition of "rural" currently used in E-Rate should be applied to the RHCP.
- Medicaid eligibility is not an appropriate measure of either economic need or the need for health services.

Urban-Rural Consortia:

- Well-intentioned efforts to encourage rural-urban consortia have often not achieved the intended benefits.
- However, they have resulted in increased administrative burdens and diverted RHCP funds from CHCs (and other eligible providers) to providers whose eligibility is inconsistent with a plain reading of the statute.
- FACHC strongly supports efforts to ensure that the vast majority of RHCP funds are directed to provider organizations who actually treat patients who reside in rural areas. This will require significantly tightening the rules on urban-rural consortia.

Administrative Burden:

- The administrative burden of applying for and participating in the RHCP is becoming unsustainable for many small, rural CHCs.
- FACHC strongly supports efforts to simplify the application and funding process so that it no longer disadvantages and discourages small providers from participating

For further information on each of these recommendations, we refer you to the detailed comments submitted by our national association, the National Association of Community Health Centers.

On behalf of rural Community Health Centers across Florida, we thank you for your consideration of our comments. We would be happy to provide any further information that would be helpful.

Sincerely,

Benjamin Browning, MPA
Director of Policy and Regulatory Affairs
Florida Association of Community Health Centers, Inc.